

MHSA Implementation Progress Report July 15, 2008

The California Mental Health Directors Association (CMHDA)

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CMHDA represents the directors of public mental health authorities in counties (and some cities) throughout California. The primary goal of our Association, pursuant to a three-year strategic plan adopted last fall, is to *“advocate for equity and full inclusion of vulnerable populations, and secure social justice as measured by access to necessary quality services that promote mental health, wellness, resiliency and recovery in our communities.”* As MHSA implementers, counties play a primary role and carry great responsibility in the transformation of local mental health systems.

Moving Forward Towards System Integration:

In June, CMHDA provided some initial thinking on short and long-term policy approaches to MHSA implementation that support building, sustaining and continuously improving a “transformed” community mental health system. As we noted, some of our concerns were echoed in the MHSA Performance Audit of the Department conducted by the Department of Finance Office of State Audits and Evaluations (OSAE) that you will be reviewing in July. The OAC has a vital role to play in understanding the issues that led to such recommendations through its monitoring and oversight role. While we are eager to review the course of corrective action DMH puts forward, we are more interested in acting as partners to develop solutions to any identified cause of inefficient implementation.

A close examination of the OSAE MHSA Performance Audit highlights the need to return to the Act’s purpose and intent. With the best of intentions, DMH embarked on implementation by collaborating with passionate stakeholders and advocates with a range of knowledge and experiences. All sought to develop the framework of the MHSA so that it would be a tool to transform the public mental health system. At some point, however, this framework became inflexible, restrictive, and incapable of facilitating a truly community-driven process. What began as a simple set of guidelines to operationalize the Act morphed into repetitive and redundant requirements that became so labor intensive for counties that they have the potential to divert energy and resources away from developing transformational services and supports.

The take away message from OSAE is straightforward:

- Implement the Act as it was intended
- Simplify the requirements and move towards performance measures and program monitoring efforts
- Promote effective communication and coordination among those involved in MHSA through the clarification of roles and responsibilities.

Counties and their stakeholders are eager to move towards system integration so that individuals and families are provided services and supports based on their needs, and not on which funding stream they are attached to (realignment, Medi-Cal, MHSA, etc.). The MHSA was never intended to be a “categorical” set of programs. Rather, the Act specifically states its purpose and intent is to:

“Expand the kinds of successful, innovative services programs for children, adults, and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.”

At the core of the Act is the vision of a community mental health system based on effective, efficient and high quality practices and strategies that are wellness-focused and include concepts of recovery and resilience. Working towards implementation is a rewarding challenge for counties and their stakeholders, but we recognize that three years into implementation it is also our responsibility to actively advocate for improvements. Catalyst or not, the OSAE report has already led to changes that CMHDA believes will more accurately reflect the intent of the Act, and that translate into and support improvements in the overall delivery of mental health services and supports.

CMHDA is hopeful that there is a shared recognition that the Act intended for the State to establish a framework for implementation and to provide oversight and evaluation, but that it was local communities who were to determine priorities and strategies to implement programs and manage funds. To shift towards local accountability and support its effectiveness, local stakeholders and communities should be empowered through access to information that tells them what is working and what is not. CMHDA is committed to continuously improving local accountability mechanisms such as local Mental Health Boards and Commissions.

A Snapshot of MHSA Success Stories - Changing Services and Changing Lives

This month as the OAC focuses on improving implementation and moving towards an integrated system, CMHDA would like to highlight some the successes of the MHSA to date. While there are improvements to make, there are also examples of transformation to build upon. Below are just a few that illustrate changes taking place across California.

Building a Community Mental Health System NOT a CRISIS Oriented System –

San Bernardino County – Honored with a National Association of Counties (NACO) award for its Community Crisis Response Teams (CCRT) supported with MHSA resources, this mobile crisis response service was successful in diverting 1,365 hospitalizations last year.

San Mateo County - In 2007, 57 individuals were helped through Pathways, a jail diversion collaboration between the Superior Court, Mental Health, Probation, District Attorney, Public Defender, Sheriff's Office, and Correctional Health.

Stanislaus County – Implementation of collaborative Juvenile Justice FSPs for youth 13-19 who are referred by the Probation Department, most of whom are Hispanic, clients receive evidence-based services (Teaching Pro-Social Skills program) available 24/7 to change attitudes about aggressive behavior, use appropriate social skills, and adjust harmful thought patterns.

Building a Workforce for a Wellness Focused System –

Orange County – The Mental Health paraprofessional certificate program created through collaboration between Santa Ana Community College, Pacific Clinics and Orange County has graduated approximately 100 consumers and family members with the goal of providing skills needed to work as peer and family advocates or to operate consumer-run programs in the public mental health system.

Tuolumne and Calaveras Counties – In partnership with Columbia College, these counties have launched two new certificate programs, Peer Support Specialist and Psychosocial Rehabilitation and Recovery Specialist. These were modeled on successful programs in San Mateo, Solano, and Riverside Counties.

Reaching Underserved Communities -

Contra Costa County - FSP teams are providing bilingual services in Spanish, Laotian, Thai, Khum, Mien and Chinese.

Colusa County - Collaboration with Native Americans has more than doubled the services to Cachil de he Wintun Tribe members living on the reservation.

El Dorado County - Implementing the Promotora model has resulted in hiring Latina community members to provide peer education, engagement in homes and community centers, mobile outreach, and depression support groups.

Orange County – A recovery program for older adults has served over 340 mentally ill frail older adults, targeting Asian Pacific Islander communities.

CMHDA appreciates the opportunity to provide this implementation report and suggests that OAC staff and/or commissioners with additional questions on any MHSA issue visit our MHSA webpage at <http://www.cmhda.org/mhsa/mhsa.html> or contact, Stephanie Welch at swelch@cmhda.org or (916) 556-3477 x152.